



iSeries Access for Web

LEA055

PED400.state.nm.us

LCPGINQ
INQRY

LICENSURE INFORMATION

7/24/15
11:41:40

FILE ID: 363669 NAME: CANTRELL, LISA MARIE SSN: 585-39-8968

ADDR: P.O.BOX 1704

CITY: SANTA CRUZ

ST: NM ZIP 87567 ZIP+4 0000

BIRTH YR: 73 HDI: 00 HD: LDI: 00 LD: SEX: F

DOB: 2/04/1973

TYPE	LEVEL	PREPINS	ISS/EXP	01	02	03	04	05	06	07	08	09	Last Changed
502	3	H	15 24										6/15/15
503	1		14 17										9/15/14

Status:

Lic Sts:

WAIVR APPR DIST

DATE

REASONS

Bkgd Ck: 9/05/14

C CLEAR

WAIVR DISAP DIST DATE REASONS

F3=Exit F5=Bckgrd F6=Exams F7=HQ Elem K-8 F8=HQ SpEd F11=Transfer

37

1,1

Attention	Refresh Screen	Field Exit	Page Up	Enter
System Request	Stop Session	Reset	Page Down	

F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12
F13	F14	F15	F16	F17	F18	F19	F20	F21	F22	F23	F24

Macros

Start Recording

[Traditional view](#)

Switch this session to traditional view.

[Active session settings](#)

Change the settings for this session.

[Active sessions](#)

Work with your active sessions.

[Configured sessions](#)

Work with your configured sessions.

[My macros](#)

Work with your macros.

[My keypads](#)

Work with your keypads.

STATE OF NEW MEXICO



*In Recognition of
The Fulfillment of the Requirements for
School Personnel Licensure
this*

LEVEL THREE PRE K-12 EDUCATIONAL ASSISTANT LICENSE

is issued to

LISA MARIE CANTRELL

Effective from July 1, 2015 to June 30, 2024

Licensure Number: 363669

Hanna Glundera
Secretary of Education

SUPERINTENDENT

Mrs. Bobbie Gutierrez
bobbie.gutierrez@k12espanola.org
Website: www.k12espanola.org
714 Calle Don Diego
Española, New Mexico 87532
505-753-2254
Fax 505-747-3514

**BOARD OF EDUCATION**

Pablo E. Luján, President
Lucas Fresquez, Vice President
Annabelle Almager, Secretary
Ruben Archuleta, Member
Yolanda M. Salazar, Member

[Place on District Letterhead]

February 22, 2016

Certified Mail, Return Receipt 70150640000285986054

Lisa Cantrell
P.O. Box 1704
Santa Cruz, NM 87567

Re: Notice of Intent to Discharge

Dear Ms. Cantrell:

As Superintendent for the Española Public Schools ("District"), I am notifying you of my intent to discharge you from employment with the District. This action is taken pursuant to NMSA 1978, § 22-10A-27 (2003) for the following acts and omissions on your part that constitute insubordination; violation of law and policy; unprofessional conduct; conduct outside the normal scope of duties of licensed school personnel; and conduct that is unbecoming of an education professional:

On or about February 19, 2016, you were arrested on school property for being in an impaired state and in possession of a weapon of weapons violation of your contract, school policy, and relevant state and federal law.

Further, it is my understanding that this is not an isolated event, and that prior to February 19, 2016, you have been observed by co-workers as being in an impaired state and in possession of a weapon or weapons in violation of your contract, school policy, and relevant state and federal law.

The acts described above are serious and in my view, constitute just cause to discharge you from your employment with the District. The District was required to report the allegations of insubordination and misconduct on your part to the Public Education Department Ethics and Licensure Bureaus as soon as it became aware of the allegations. Further, the District understands that criminal charges are pending based on your misconduct and insubordination. Resolution and disposition based on the investigations by these outside entities are not required to support the District's finding that, by a preponderance of the evidence, it has just cause to discharge you from employment with the District.

You have a right to a hearing before the local school board ("Board"). You may request this hearing by submitting written request to the Superintendent within five (5) working days from the date this notice of intent to discharge is served upon you. Your discharge will become final if you do not request a hearing within the five (5) working days you have to do so.

Your request to address the Board will be granted, if made as set forth herein. The Board shall meet to hear your statement no more than 40 and no less than 20 working days after the Superintendent receives your request. You will have at least 10 days written notice of the date, time and place of the discharge hearing. The hearing before the Board will be conducted as described in NMSA 1978, § 22-10A-27 D through J.

The Board shall notify you and the Superintendent of its decision in writing within 20 calendar days after the conclusion of the hearing. The action of the Board shall be effective on the date the written copy of the decision is served upon you. For purposes of this section, mailing of the written copy of the decision by certified mail, return receipt requested, shall constitute service after five days from the date of mailing.

In the event that you are aggrieved by the decision of the Board, you may request an appeal to an independent arbitrator. A written request for an appeal should be submitted to the local Superintendent within five working days from the receipt of a copy of the written decision of the Board. Please consult NMSA 1978, § 22-10A-28 in particular for your rights and the procedures relating to such appeals, as well as relevant state or federal statutory or constitutional provisions.

Copies of NMSA 1978, §§ 22-10A-27 and 22-10A-28 are provided with this Notice.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debbie J. Gutting".

Superintendent
Espanola Public Schools



CERTIFICATE OF ATTENDANCE

AWARDED TO

Lisa M. Cantrell

*Has Attended the New Employee Training/Orientation to include training on the following:
Sexual Harassment and Blood Bourne Pathogens*

Awarded this 7th day of August, 2015

Esther V. Romero

Esther V. Romero
Human Resource Director

Human Resources Office

Website: www.k12espanola.org
714 Calle Don Diego
Española, New Mexico 87532
Phone 505-753-2254
Fax 505-753-4699

★ **Española** ★

PUBLIC SCHOOL DISTRICT #55



Reaching for Excellence

Staff

Esther Romero, HR Manager
Crystal Lea Garcia, HR Officer
Beverly Coffeen, HR Specialist

May 19, 2015

Lisa Cantrell
PO BOX 1704
Santa Cruz NM 87567

Re: Substitute Status
2015-2016 School Year

Dear Lisa Cantrell,

The school year is coming to an end and all of our substitutes are extremely important to our district. In an effort to keep good communication throughout the summer months and into the upcoming school year we send out this offer notice to remain on the Substitute List for the 2015-2016 School Year. If this is not returned to the Human Resources Office, your name will be **removed** from the Substitute List.

☒ **Please Keep My Name on the Substitute List.**

☐ **Please Remove My Name from the Substitute List, and place my file in an Inactive Status for one year.** (After one year Substitute File will be Destroyed).

X

Lisa Cantrell

Date 05-29-2015

This notification will need to be submitted to the Human Resources Office by or before June 19, 2015 in order to accurately update all information. Please keep in mind, if you are a Substitute Teacher/EA and wish to remain on the list, Your Substitute License with the New Mexico Public Education Department will need to be current/valid. If your Substitute License is expired on day one of school, you will not be placed on the list until it is brought up to date.

If you have any questions regarding this matter, feel free to contact me directly at 505-367-3338 or beverly.coffeen@k12espanola.org

Have a Wonderful Summer!!!

Sincerely,

Beverly Coffeen
Human Resource Specialist
Española Public Schools

ENTERED
6/15/15

Substitute Change Form

I Lisa Contrell would like to change the following information on my Substitute File:

Please Add ___ Delete ___ the following sites from my list:

<input type="checkbox"/> Abiquiu	<input type="checkbox"/> EVHS	<input type="checkbox"/> Velarde
<input type="checkbox"/> Alcalde	<input type="checkbox"/> JHR	<input type="checkbox"/> Transportation
<input type="checkbox"/> Chimayo	<input type="checkbox"/> Los Niño's	<input type="checkbox"/> Hernandez
<input type="checkbox"/> CFVMS	<input type="checkbox"/> Mtn. View	
<input type="checkbox"/> Dixon	<input type="checkbox"/> San Juan	
<input type="checkbox"/> ETS Fairview	<input type="checkbox"/> TEQ Sombrillo	

Please update my Address to:

Please update my Phone Number to:

() - (505) 692-5484

Please Add ___ Change ___ my status to:

☐ Substitute Educational Assistant*
☐ Substitute Teacher*
☐ Substitute Cook
☐ Substitute Custodian
☐ Substitute Bus Assistant
☐ Substitute Bus Driver*
☐ Substitute Secretary

*May require additional paperwork.



Signature

1/5/2015

Date

ENTERED
1-5-15

★ Española ★
Public Schools



Website: www.k12espanola.org
714 Calle Don Diego
Española, New Mexico 87532
505-753-2254
Fax 505-753-2321

HUMAN RESOURCES DEPT.

Esther Romero, Director of Human Resources
Crystal Garcia, Human Resources Officer
Kina Quintana, Human Resources Coordinator

Payroll Deduction Authorization

Please deduct \$ 25.00 from my next paycheck (dated: 1-23-15)
or my Coaching salary (for non-employees) for the purpose of reimbursing for my lost
badge.

1-5-15
Date


Signature

Lisa Cantrell
Printed Name

585398968
Social Security #

Account to be credited: _____

FILE COPY

Initial Badge received by: _____

Date: _____

INTERIM SUPERINTENDENT

Bobbie J. Gutierrez

Email:

bobbie.gutierrez@k12espanola.orgWebsite: www.k12espanola.org

714 Calle Don Diego

Española, New Mexico 87532

505-753-2254

Fax 505-747-3514

**BOARD OF EDUCATION**

Pablo E. Lujan, President

Lucas Fresquez, Vice President

Annabelle Almager, Secretary

Yolanda Martinez-Salazar, Member

Ruben Archuleta, Member

Dear Ms. Cantrell

The School Board of Education has approved your hire for the 2015-2016 school year as [Educational Assistant](#)

The salary will be in accordance with the 2015-2016 salary schedule.

Your offer of employment is subject to the following contingencies which may result in withdrawal of this offer: 1) sufficient State & Federal funding; 2) materialization of projected enrollment; 3) licensure status; 4) completion of any applicable PGP or performance-related requirements that may apply; 5) reassignment needs of the District; 6) completion of a formal contract of employment which will contain the specific expectations and conditions of employment; and 7) any violation of board policy or law or other change in circumstances that impacts your ability to complete the requirements of the offered position.

If you accept this offer of employment, you also agree to provide the Superintendent with a written and timely notice if you plan to resign or retire (according to regulation). Failure to abide by those timelines may result in action against your license.

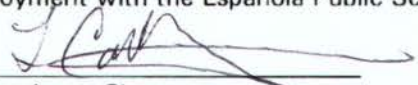
You are required to give the Superintendent a written notice of your acceptance or rejection of this offer of employment within 10 days of being offered this position. Please sign and return this letter to the Human Resources Office before that date. **Failure to comply with the given time frame will be interpreted as rejection of the employment offer and your position will be filled by another applicant.**

Sincerely yours,

Crystal Lea Garcia, Human Resources Officer

Please check one of the following and include all the required information below:☒ **I accept** ☐ **I reject** employment with the Española Public Schools for the 2015-2016 school year.Lisa Cantrell

Print Name


Employee Signature07/24/15

Date

Po Box 1704 Santa Cruz, NM 87567

Mailing Address (please print)

505-692-5484

Current Phone #

NAME Lisa M. Cantrell

Date conferred : _____

Date Conferred :

[illegible]

Northern New Mexico College

Registrar Office

921 Paseo de Oñate
Española, NM 87532Issued To: Lisa Cantrell
PO Box 1704
Santa Cruz, NM 87567

Official

TRANSCRIPT OF ACADEMIC RECORD

Page: 1
Date Issued: 24-JUL-2015
Level: Undergraduate

Record of: Lisa M Cantrell

Student ID: 000024946

SSN: *****8968

Date of Birth: 04-FEB-1973

Course Level: Undergraduate

SUBJ NO.

COURSE TITLE

CRED GRD

PTS R

Current Program
Bachelor of ArtsProgram : Elementary Education
Major : Elementary EducationDegrees Awarded Associate in Applied Science 10-MAY-2002
Primary DegreeProgram : Management Information Systems
Major : Management Information Systems

Institution Information continued:

Ehrs: 9.00 GPA-Hrs: 9.00 QPts: 33.00 GPA: 3.67

Spring 2000

BA 117	BUSINESS MATH	3.00 B	9.00
BA 120	INTRO TO BUSINESS	3.00 B	9.00
BA 202	PRIN OF MANAGEMENT	3.00 B	9.00
CS 102	COMPUTER LITERACY	3.00 A	12.00
Ehrs: 12.00 GPA-Hrs: 12.00		QPts: 39.00	GPA: 3.25

SUBJ NO. COURSE TITLE CRED GRD PTS R

INSTITUTION CREDIT:

Fall 1991

ENG 111	ENGLISH COMP I	3.00 D	0.00 E
MUS 105	MUSIC APPRECIATION	3.00 B	9.00
PSY 101	GENERAL PSYCHOLOGY I	3.00 C	6.00
SOC 101	INTRO TO SOCIOLOGY	3.00 B	9.00
Ehrs: 9.00 GPA-Hrs: 9.00		QPts: 24.00	GPA: 2.67

Spring 1992

BA 120	INTRO TO BUSINESS	3.00 F	0.00
BIOL 110	SURV MOD BIOLOGY	3.00 F	0.00
BIOL 110L	SURV MOD BIOLOGY LAB	1.00 F	0.00
ENG 111	ENGLISH COMP I	3.00 C	6.00
HPER 105	BASKETBALL	1.00 A	4.00
SOC 220	SOCIAL PROBLEMS	3.00 F	0.00
THE 120	INTRO TO THEATRE I	3.00 A	12.00
Ehrs: 7.00 GPA-Hrs: 17.00		QPts: 22.00	GPA: 1.29

Fall 1999

OA 100	WINDOWS 95	3.00 A	12.00
OA 105	INTRO TO KEYBOARDING	3.00 A	12.00
OA 110	MS OFFICE I	3.00 W	0.00
SPCH 130	PUBLIC SPEAKING I	3.00 B	9.00

***** CONTINUED ON NEXT COLUMN *****

Fall 2000

BA 130	ACCT PRIN I	4.00 W	0.00
BA 225	EXCEL	3.00 A	12.00
BA 266	BUSINESS LAW	4.00 A	16.00
OA 265	ACCESS	3.00 B	9.00
Ehrs: 10.00 GPA-Hrs: 10.00		QPts: 37.00	GPA: 3.70

Spring 2001

BA 242	ADMIN SYSTEMS AND PR	3.00 B	9.00
ENG 110	WRITG RESEARCH PAPER	1.00 A	4.00
ENG 116	TECHNICAL WRITING	3.00 A	12.00
HPER 107	RUN AND WALK FOR FIT	1.00 A	4.00
MATH 102N	BASIC ALGEBRA	3.00 A	12.00
OA 261	DESKTOP PUBLISHER MI	3.00 W	0.00
Ehrs: 11.00 GPA-Hrs: 11.00		QPts: 41.00	GPA: 3.73

Fall 2001

BA 130	ACCT PRIN I	4.00 C	8.00
CS 132	FUND PROGRAMMING I	4.00 B	12.00
CS 260	NOVELL SYSTEMS	3.00 B	9.00
MATH 130	INTERMEDIATE ALGEBRA	3.00 C	6.00

***** CONTINUED ON PAGE 2 *****

REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

This officially sealed and signed transcript is printed on blue
SCRIP-SAFE® security paper with the name of the college printed in
white type across the face of the document. When photocopied, the
word COPY and the name of the institution should appear.

Kathleen F. Sena, Registrar

TO VERIFY: TRANSLUCENT GLOBE ICONS MUST BE VISIBLE FROM BOTH SIDES OF TRANSCRIPT WHEN HELD TOWARD A LIGHT SOURCE

MISUSE OF THIS TRANSCRIPT MAY RESULT IN CIVIL OR CRIMINAL ACTION

A PHOTOCOPY OF THIS TRANSCRIPT IS NOT OFFICIAL

**Office of the Registrar
Northern New Mexico College
921 Paseo de Oñate
Española, New Mexico 87532
1-505-747-2138**

History: Effective April 2005, Northern New Mexico Community College was legislatively renamed as *Northern New Mexico College*. From 1 July 1977 until April 2005, Northern had operated as a comprehensive community college (NNMCC), evolving from what had been until 1977 the New Mexico Technical Vocational School (NMTVS). Transcripts for course work earned through NMTVS are issued under Northern's seal. In addition, the McCurdy School of Practical Nursing and the St. Vincent Hospital School of Practical Nursing had been absorbed by Northern, and all records pertaining to those schools are in the possession of Northern.

Accreditation: Northern New Mexico College is accredited by the North Central Association's Commission on Higher Education at the associate and baccalaureate levels: Elementary Education was accredited in August 2004 and that accreditation also covers whatever other education degrees we develop in the future; other baccalaureate degrees were accredited in 2006 and 2008. Northern's status of affiliation has recently been extended through 2015. In addition, Northern's Business and Office Administration programs are accredited at the associate level by the Association of Collegiate Business Schools and Programs; Northern's Radiologic Technology program is accredited by the Joint Review Committee on Education and Radiologic Technology. Northern's Bachelor of Information Engineering Technology (IET) program has been officially accredited by the Engineering Technology Accreditation Commission of ABET.

Academic Standing: Following each term, an academic standing notation is assigned to students. Students on probation are eligible to enroll for the following semester. Students on suspension must sit out at least one semester. Subsequent suspensions will be for one full academic year.

Calendar System and Units of Credit: All credits for college courses earned after August 1977 are expressed in semester hours. Credits earned prior to August 1978 in the Health Occupations programs are expressed in trimester clock hours; those earned prior to August 1978 in the technical-vocational programs are expressed in quarter clock hours or trimester clock hours as appropriate to the system then in effect. Computerized transcripts issued after July 1988 consolidate clock hours into credit equivalencies, as appropriate.

Course numbering system: Courses have been numbered from 100 to 299 until August 2004, when certain 2xx-level courses were changed to 3xx and 4xx numbers to accommodate the accreditation of our BA in Elementary Education. Those same courses, taken prior to August 2004, are reflected with 2xx numbers. Remedial courses are labeled with a suffix "N" immediately after the number. Such courses are not meant to transfer and do not count at Northern toward any degree. Upper-division courses are numbered from 300 to 499.

Grade Marks and Grade Points: All entries relating to grades as they appear on the transcript should be interpreted as follows: From Fall 1977 through Summer 2008, all grade points are computed on a four-point scale, A=Excellent; B=Above Average; C=Average; D=Poor, but passing; F=Failing.

Beginning Fall 2008, Northern has adopted a fractional grading system. Following are the allowable grades and associated grade points:

A+	4.33	B+	3.33	C+	2.33	D+	1.33	F	0.00
A	4.00	B	3.00	C	2.00	D	1.00		
A-	3.67	B-	2.67	C-	1.67	D-	0.67		

* A grade of C- or lower is not acceptable toward meeting pre-requisites or graduation requirements.

Other transcript entries: AU – Audit (no grade points)

NR – Not recorded (used since 1981 to designate grades which had not been turned in as of the providing date)

I – Incomplete (reverts to F after 12 months if not removed before that)

W-Withdrew

TR – Credit accepted in transfer (no grade points assigned)

CR – Credit (for remedial and for activity/clinical courses): no grade points assigned

NC – No credit (for remedial and for activity/clinical courses): no grade points assigned

Official Transcripts: A transcript is official only when imprinted with a white signature against a blue background. Security paper is used to prevent alterations and unauthorized reproductions.

Release of Information: In compliance with the Family Education Rights and Privacy Act of 1974, this transcript is released on the condition that the recipient will not permit any other party or agency to have access to this record without the written consent of the student.

Transfer credit entries: Courses accepted in transfer reflect Northern's department and number. Grade points are not brought into Northern, only courses and credit values.

Northern New Mexico College

Registrar Office

921 Paseo de Onate
Española, NM 87532

Official

TRANSCRIPT OF ACADEMIC RECORD

Page: 2
Date issued: 24-JUL-2015
Level: Undergraduate

Record of: Student ID: 000024946 SSN: *****8968 Date of Birth: 04-FEB-1973

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R	SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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Institution Information continued:

Ehrs: 14.00 GPA-Hrs: 14.00 QPts: 35.00 GPA: 2.50

Spring 2002

BA 226	POWERPOINT	3.00 A	12.00
CS 154	NETWKNG USING TCP IP	3.00 B	9.00
OA 238	WP FOR WINDOWS	3.00 B	9.00
Ehrs: 9.00 GPA-Hrs: 9.00 QPts: 30.00 GPA: 3.33			

Spring 2014

ES 112	Intro Environmental Science	3.00 A	12.00
ES 112L	Intro Environmental Sci Lab	1.00 A	4.00
HIST 162	Hist Of Us From 1877	3.00 A+	13.00
HSS 311	Readings in Social Sciences	4.00 W	0.00
HSS 421	Hist, Lit, Art, and Phil	4.00 C+	9.32
Ehrs: 11.00 GPA-Hrs: 11.00 QPts: 38.32 GPA: 3.48			

Good Standing

Fall 2014

ED 201	Foundations of Education	3.00 A	12.00
ED 213	Field Experience	1.00 A	4.00
HIST 101	Western Civil I	3.00 A	12.00
MATH 150	College Algebra	3.00 W	0.00
SPAN 101	Spanish I	3.00 A	12.00
Ehrs: 10.00 GPA-Hrs: 10.00 QPts: 40.00 GPA: 4.00			

Good Standing

Spring 2015

ED 220	Educational Psychology	3.00 W	0.00
ED 305L	Integ Technology in K8 Classrm	2.00 W	0.00
ED 450	Pedagogy and Learning(WIC)	3.00 W	0.00
HUM 103	The Search for Meaning	3.00 W	0.00
MATH 145	Intro to Probability and Stats	3.00 W	0.00
SPAN 102	Spanish II	3.00 W	0.00

***** CONTINUED ON NEXT COLUMN *****

Institution Information continued:

Ehrs: 0.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Good Standing

***** TRANSCRIPT TOTALS *****

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	102.00	112.00	339.32	3.03

TOTAL TRANSFER	0.00	0.00	0.00	0.00
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OVERALL	102.00	112.00	339.32	3.03
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***** END OF TRANSCRIPT *****

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Transfer credit entries: Courses accepted in transfer reflect Northern's department and number. Grade points are not brought into Northern, only courses and credit values.

9/30/2015
8:00:16 AM

Espanola Public Schools

Service History Detail Report

Page 66

Name	SSAN
------	------

Cantrell, Lisa

585-39-8968

Mailing Address: Po Box 1704
Santa Cruz, NM 87567-

Street Address: _____

Beg Date	End Date	Base Assignment	School	Salary	Years	Prin	Tchr	District	STARS	T&E
8/7/2015	5/27/2016	Educational Asst	CFVMS	\$14,428	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Not Tchr	Tchr	Total
Non-District Years =	0.00	0.00	0.00
District Years =	0.00	0.00	0.00

ESPAÑOLA PUBLIC SCHOOLS

Name Lisa M. Cantrell

Date of Employment 8/7/2015

Date of Resign/Retire

SS# 585-39-8968 License # 363669

License # 363669

DOB 2/4/1973

<u>Experience:</u>	<u>POS</u>	<u>Location</u>	<u>From</u>	<u>To</u>	<u>NO. # Years</u>	<u>Experience Verified?</u>
		Grand Total			0 YRS	

[illegible]

VERIFIED BY Esther V. Romero

Date July 24, 2015

Lisa Cantrell
Educational Assistant - Special Education (276)

PO Box 1704
Santa Cruz, NM 87567
lisa_m_cantrell@nnmc.edu
(505) 692-5484

PERSONAL INFORMATION

General Information

How did you learn about this position? **Employee Referral**

Contact Information

First Name	Lisa	Last Name	Cantrell
Middle Name	marie	Other Name	
Email	lisa_m_cantrell@nnmc.edu	Have you worked here before?	Yes
Last 4 Digits of Social Security Number	8968	Primary Phone	5056925484
Alternate Phone	5059270818		

Present Address

Street	PO Box 1704	City	Santa Cruz
State	New Mexico	Zip Code/Postal Code	87567

Work Authorization

Are you legally able to work in the U.S.? **Yes**

Internal

Current Building	Carlos F Vigil Middle School	Present Job	substitute
Employment Start Date (mm/dd/yyyy)	01/06/2015	Supervisor Name	Reynaldo Martinez

BACKGROUND INFORMATION

Background

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Have you ever had a professional certificate revoked or suspended? **No**

If yes, please explain

Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from the employment of another school district?

No

If yes, please give the name of the district, the date and the reason for the resignation or termination

Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from another employer?

Yes

If yes, please give the name of the employer, the date and the reason for the resignation or termination

State Employees Credit Union in Santa Fe. I had three immediate family deaths within three months and my employer refused to give me my bereavement. I took my case to court and won.

EDUCATION

Secondary/High School Information

School Attended	Espanola Valley High School	City/State	Espanola, New Mexico
Highest Grade Successfully Completed	12		

Undergraduate Institution #1

Type of School	Community College	Name of School	Other: Northern New Mexico Community College
City	Espanola	State	New Mexico
Graduation Date (mm/yyyy)	05/2001	Degree	Associates Degree
Subject	Information Systems		

JOB SKILLS

Activities

List activities you are willing to sponsor	I am currently working for my degree in education at Northern New Mexico College.
If appointed to the staff, are you willing to accept assignments where your services are needed?	Yes

Bookkeeping

Years of Experience	5	Accounts Payable / Receivable	Yes
Payroll	Yes		

Computer Skills

Years of Experience	10	Keyboarding Words Per Minute	
Spreadsheets	Yes	Database	Yes
Microsoft Windows	Yes	Apple Macintosh	

Custodial/Maintenance

Years of Experience		Cleaning / Sanitizing	
Cleaning Hardwood Floors		Carpet Maintenance	
Using Power Equipment		Floor Stripping / Waxing	
Cleaning Agent Use		Refinishing Gym Floors	

Food Service

Years of Experience		Food Handlers Permit Held	
Food Cooking / Prep		Cashiering	Yes
Inventory / Ordering Supplies	Yes		

Driver

Years of Experience

Current Drivers License
Held

Current CDL Held

First Aid Certified

Have you ever had
license revoked or
suspended **No**Have been involved in a
traffic accident in the
past 5 years **No**Have been cited (other
than a parking ticket) in
the past 5 years **No**Have been convicted of
DUI or DWI **No**Have been convicted of
vehicular homicide **No**Have been convicted of
Hit and Run **No****Availability**Available Date **Now****Location Preference**1st Location Preference **Carlos F Vigil Middle School**

2nd Location Preference

3rd Location Preference

Non-Teaching Certification #1

Certification Type

Certification Name

Expiration Date

REFERENCES**Julie Gutierrez**

Title	Asst. Principal at Carlos Vigil Middle School	Relationship	Other - Asst. Principal
Address	1260 Johnnie A. Roybal Industrial Park Road	City	Espanola
State	New Mexico	Zip	87532
Country	United States		
Email	julie.gutierrez@k12.espanola.org	Phone	5057531348
From	01/06/2015	To	present

Genevieve Lopez

Title	Teacher	Relationship	Supervisor
Address	PO Box 3264	City	Fairview
State	New Mexico	Zip	87533
Country	United States		
Email	aniis2cool@hotmail.com	Phone	5056145070
From	01/06/2015	To	present

Cherie Romero

Title	Teacher	Relationship	Family
Address	PO Box 3091	City	Fairview

State	New Mexico	Zip	87533
Country	Unites states		
Email	cromero@pvs.k12.nm.us	Phone	5059275924
From	10/9/1979	To	present

EMPLOYMENT HISTORY

Present Position

Present Title	Educational Assistant Level #3	Name of Employer	Espanola Public Schools
Employer's Address	1260 Johnnie A. Roybal Industrial Park Road	Employer's City	Espanola
Employer's State	New Mexico	Employer's Zip Code/ Postal Code	87532
Start Date	01/06/2015		

Work Experience #1

Employer	Espanola Public Schools	Title	Substitute mostly in SPED
Employed from (mm/ yyyy)	01/2015	Employed to (mm/yyyy)	05/2015
Reason For Leaving	requesting to return, I received my level 3 this summer		
Address	1260 Johnnie A. Roybal Industrial Park Road		
Supervisor Name	I worked under Genevieve Lopez	Phone Number	5056145070

Work Experience #2

Employer		Title	
Employed from (mm/ yyyy)		Employed to (mm/yyyy)	
Reason For Leaving			
Address			
Supervisor Name		Phone Number	

Work Experience #3

Employer		Title	
Employed from (mm/ yyyy)		Employed to (mm/yyyy)	
Reason For Leaving			
Address			
Supervisor Name		Phone Number	

COVER LETTER

Cover Letter

Resume

ATTACHMENTS

Attachment

DISCLAIMERS AND AFFIRMATION

District Policy

The School District does not discriminate on the basis of race, color, national origin age, sex or disability, in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning the School's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), or Title II of the Americans with Disabilities Act of 1990 (ADA), may contact the Assistant Superintendent or Human Resources.

Application Confirmation Statement

I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by the School District, I will abide by all Board of Education and school policies, work on assigned committees, and continue my professional growth to the best of my ability and within reasonable and personal standards. I grant permission for school officials to obtain a personal record check from the federal, state, county, and/or local law enforcement agencies and Division of Family Services; also a credit history check may be made. I release individuals listed as references and current or former employers from any liability for information given in response to a request for an employment reference. I understand that I will be required to take a drug test and physical exam prior to assuming any position for which I may be employed. In the event that I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after the discovery of the false or misleading information. I understand that this application will be considered active for one year from date of submission.

I agree to the terms **Affirm**
above

Initials **lc**

Affirmation Date **07/17/2015**

NEW MEXICO

DRIVER'S LICENSE

License # **039114267** ISSUED **03/19/2010**
Date of Birth **02/04/1973** EXPIRES **03/04/2018**

CANTRELL
LISA M

915 LA JOYA STREET
ESPANOLA, NM 87532

SEX F HEIGHT 5'03"
WEIGHT 145 EYES BRO
CLASS D ENDORSEMENTS NONE
DONOR ♥ RESTRICTIONS NONE



SOCIAL SECURITY

585-39-8968

THIS NUMBER HAS BEEN ESTABLISHED FOR

LISA MARIE CANTRELL

Lisa Marie Cantrell
SIGNATURE



ESPANOLA PUBLIC SCHOOLS

EMERGENCY INFORMATION

Please complete the requested information. This information is for emergency use only. In case the need arises, a person you have indicated below will be contacted in an emergency situation. The distribution of the information you provide on this form will be limited to your Supervisor or any Administrator, one of whom should always be present at Central Office.

NAME: Lisa Cantrell
Print

Address: Po Box 1704 Phone # 1: 505-340-4553

City: Santa Cruz State: NM Zip: 87567 Phone # 2: _____

Position: Substitutue Teacher

Location/Department: District Wide

EMERGENCY CONTACT 1: Christopher Martinez

Phone # 1: 505-927-4394 Phone # 2: _____

EMERGENCY CONTACT 2: Jackie Cantrell

Phone # 1: 505-753-4202 Phone # 2: 505-927-0818

Health Concerns: _____

Allergies? _____

Medications: _____

Physician Name: _____ Phone: _____

Health Insurance: _____ Insurance ID # _____

This information will be released to EM/ER personnel in case of an emergency.

Signature:  Date: 07/22/14

Human Resources Office
Website: www.k12espanola.org
714 Calle Don Diego
Española, New Mexico 87532
Phone 505-753-2254
Fax 505-753-4699

★ **Española** ★
PUBLIC SCHOOL DISTRICT #55



Staff

Esther Romero, HR Manager
Crystal Lea Garcia, HR Officer
Kina Quintana, HR Coordinator

Acknowledgement of Receipt

I have reviewed and received a copy of the Espanola Public Schools Substitute Employee Orientation Handbook:

Lisa Cantrell

Print Name

A handwritten signature in black ink, appearing to be "Lisa Cantrell", written over a horizontal line.

Sign Name

07/22/14

Date

Inquiries, Investigations & Convictions

Submitted by: Lisa Cantrell

Print name legibly

Date 07/22/14

Social Security # 585-39-8968

Please Read Carefully:

Because of the tremendous responsibility Española Public Schools has to its students and community, the following information is required from all applicants and employees regarding convictions, inquiries and investigations.

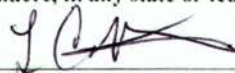
RECORD OF CONVICTIONS

A record of conviction does not prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed. Applicants must report any convictions, inquiries or investigations that occur subsequent to the time they initially complete this form. Questions regarding this information should be directed to the Human Resources Officer. Please read carefully and answer every question.

1. Have you ever been convicted, including a conviction based on a plea of no contest, of any misdemeanor in New Mexico or any other state or place? YES ☒ NO
2. Have you ever been convicted, including a conviction based on a plea of no contest, of any felony in New Mexico or any other state or place? YES ☒ NO
3. Have you ever been the subject of any inquiry or investigation by a state or federal law enforcement agency or a licensing agency in New Mexico or any other state or place regarding alleged misconduct or while allegations of misconduct were pending? YES ☒ NO
4. Have you ever been the subject of any inquiry or investigation by a school or a school district a law enforcement agency or by a licensing agency in New Mexico or any other state or place regarding alleged misconduct **or other concerns that involved children/young adults?**
YES ☒ NO
5. Have you ever been dismissed, non reelected, suspended without pay for more than ten days, retired, resigned or otherwise left employment because of allegations of misconduct or while allegations of misconduct were pending? YES ☒ NO
6. Have you ever had any professional or vocational license or any credential, including but not limited to, any Certificate of Clearance, permit, credential, license, or other document authorizing public school service or teaching, privately admonished, publicly reprovved, suspended, revoked, voided, self revoked and/or otherwise subjected to any other disciplinary action for cause in New Mexico or any other place? YES ☒ NO

If any of the questions above are marked "YES", provide a written explanation.

Include the following information: Charges, Dates, Court, City and State, time and length of probation period or jail term. [Conviction refers to the final judgement on a verdict or a finding of Guilty, Plea of Guilty, or a Plea of Non Contendere, in any state or federal court, regardless of whether an appeal is pending.]



Signature of Applicant

07/22/14

Date

EMPLOYMENT AGREEMENTS

1. The Applicant must give notice of any convictions, inquiries or investigations for serious misconduct against children or young adults. Serious misconduct is defined as Assault, Aggravated Assault, Sexual Assault, Child Molestation, Sexual Conduct with a Minor, Sexual Exploitation of a Minor, Child Abuse, Kidnapping and Sexual Abuse.
2. All employment with Española Public Schools is conditional until the Superintendent approves such employment and until all Background Checks have proved to be satisfactory.
3. *I understand that* if I am considered as a finalist or recommended for employment, I will submit to a criminal background investigation, including mandatory fingerprinting, I will pay the required amount to determine my acceptability for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with Española Public School District, but pursuant to the Criminal Offender Convictions, may be the basis for refusing employment.
4. *I hereby certify* that the information contained in this document is true, accurate, and complete, to the best of my knowledge and belief. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment.
5. *I further understand that* failure to provide all or part of the information requested may result in the refusal of the Española Public School District to further consider me for possible employment.
6. I understand that an employment offer is contingent upon confirmation from the Española Public Schools' Superintendent, and that all background checks and drug test results prove to be satisfactory.



Signature of Applicant

07/22/14

Date

Human Resources Office

Website: www.k12espanola.org
714 Calle Don Diego
Española, New Mexico 87532
Phone 505-753-2254
Fax 505-753-4699

★ Española ★

PUBLIC SCHOOL DISTRICT #55



Reaching for Excellence

Staff

Esther Romero, HR Manager
Crystal Lea Garcia, HR Officer
Kina Quintana, HR Coordinator

Statement of Confidentiality

As an employee of the Espanola Public Schools, I understand that some of my work will involve access to information/records that are considered confidential.

I acknowledge my responsibility to respect the confidentiality of department records, to follow office procedures in order to protect privacy, and to act in a professional manner, both to the public and over the phone.

I further understand that if I am found acting indiscreet with confidential material or not protecting privacy of others through my actions, I shall be subject to discipline, up to and including suspension, termination or discharge, in accordance with Board Policy, negotiated agreements and applicable law. I understand that action to be necessary in order to maintain high professional standards of the office and integrity of the District.

I have read and understand the above statements regarding the confidentiality of information I may have access to in the course of my employment with the District. I have discussed any questions I have about these statements with my supervisor. I understand the special nature of my role in the Espanola Public Schools, the importance of confidentiality in this role, and agree to adhere to policy regarding preservation of the confidentiality and integrity of District information.

Signature: _____

Date: 07/22/14



Employee data form and employment certification
Must be completed by the Member and Certified by the Employer
Requirements for New or Rehired employees

Employers must provide a copy to ERB

Employee Name Printed: Lisa Cantrell Social Security #: 585-39-8968 Gender: F
02/04/1973 Po Box 1704 Santa Cruz, NM 87567
Date of Birth: Address City, State Zip Code

- ☒ New Hire: I have never been employed by a NM school system (including Charter), University or College
- ☐ I am currently employed with another NM school system (including Charter), University or College

Name of other Employer _____ Employed: Part Time ☐ Full Time ☐

Employer use: If employed PT with the other employer and PT with your institution you must ensure that the combined hours being worked for both institutions do not exceed .25 FTE else the member becomes a regular contributing member for both institutions.

- ☐ I am currently employed and have accepted a new position changing my reporting status
I have contributed to NMERB in the past
- ☐ I am not currently employed with another NM school system (including Charter), University or College
I have contributed to NMERB in the past
- ☐ I am retired from the New Mexico Public Employees Retirement Association. **NMPERA**
I will provide documentation of this to the employer.
- ☐ I am retired from the New Mexico Educational Retirement Board. **NMERB**
- ☐ **NMERB Retiree only:** I am approved to work under the "Return to Work" program
I will provide documentation to the employer.

☐ Name Change Previous Name: _____
Last First Middle Initial

NOTE: It is the employee's responsibility to:

Verify that your social security number is correct on your first pay check.

Verify, with your employer, whether or not NMERB contributions should be taken from your pay and ensure that, if required, contributions were deducted on your first pay check.

Employee signature: [Signature] Date: 7/24/2015

EMPLOYER CERTIFICATION

This is to certify that the above person was employed in the Position of: Educational Assistant

Hired on (Date) 08/13/15 and will be reported on the Monthly report period ending August

Administrative Unit: Española Public Schools Authorized Signature: [Signature]
(School Name not Department) Date: 07/24/15



NEW MEXICO
EDUCATIONAL
RETIREMENT
BOARD

701 Camino de los Marquez Santa Fe, NM 87505 (505) 827-8030 (505) 827-1855 fax
6201 Uptown Blvd. NE Ste. 204 Albuquerque, NM 87110 (505) 888-1560 (505) 830-2976 fax

Beneficiary Designation—Form 42

Please see instructions on next page.

Rev. 01/13

Section I: Member Information

Please check one: New Form ☒ Beneficiary Change ☐ Please check one: Male ☐ Female ☒

Cantrell Lisa
Last Name First Name Previous Name (if applicable)

Po Box 1704 Santa Cruz New Mexico 87567
Address City State Zip

505-692-5484 Espanola Public Schools
Telephone Number Employer

SSN 585-39-8968 DOB 02/04/1973 Marital Status (check one) Married ☐ Single ☒ Divorced ☐

~ You must complete Section II or III. ~

Section II: Beneficiary Information

If you wish to give your beneficiary the option to chose either a lump sum benefit or a lifetime monthly benefit upon your death, list your beneficiary in this section. **(You can name only one beneficiary, it must be a person, not a trust.)**

Name: _____ Social Security Number: _____
Relationship: _____ Date of Birth: _____
Beneficiary Address: _____ Telephone Number: _____
City: _____ State: _____ Zip: _____


Section III: Beneficiary Information

By listing a beneficiary in this section, you hereby **reject** the Option B coverage, as described in 22-11-29(F), and your beneficiary **will not** receive a lifetime monthly benefit upon your death. The beneficiary listed in this section will receive a lump sum benefit only.

Name: Shawn Plemons Social Security Number: 525-87-5172
Relationship: son Date of Birth 05/30/1990
Beneficiary Address: Po Box 1704 Telephone Number: _____
City: Santa Cruz State: New Mexico Zip: 87567

Section IV: Member Signature

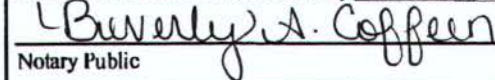
I hereby declare that all of the information provided is true and complete to the best of my knowledge.

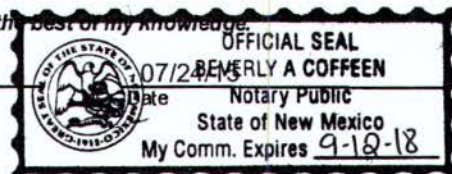

Member Signature (Please sign in the presence of a notary.)

Notary Public

State of New Mexico, County of: Rio Arriba

Subscribed and sworn to before me by Lisa Cantrell on the day 24 of July, 2015.


Notary Public



09/12/2018
My Commission Expires

Section V: Spousal Consent (spouse must complete even if spouse is beneficiary)

I hereby certify that I am the spouse of the above named Member, and that I have read the Designation of Beneficiary form as completed and signed by my spouse and I hereby freely consent to the beneficiary designation made herein. I understand beneficiary payment, if any, will be made to such beneficiary or beneficiaries named on this form.

Spouse Signature (Please sign in the presence of a notary.)

Date

Notary Public

State of New Mexico, County of: _____

Subscribed and sworn to before me by _____ on the day _____ of _____, 20____.

Notary Public

My Commission Expires

Complete only one section.



NEW MEXICO
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BOARD

701 Camino de los Marquez Santa Fe, NM 87505 (505) 827-8030 (505) 827-1855 fax
6201 Uptown Blvd. NE Ste. 204 Albuquerque, NM 87110 (505) 888-1560 (505) 830-2978 fax

Beneficiary Designation—Form 42 ADDENDUM

Page 1, Section I must accompany this addendum.

Member Name: _____ Member SSN: _____

Section III(a): Beneficiary Information Use this form if you are rejecting the Automatic Option B coverage for your beneficiary and wish to list more than one beneficiary to receive a lump sum benefit upon your death.

Name: Shawn Plemons Social Security Number: 525-87-5172
Relationship: son Date of Birth 05/30/1990
Beneficiary Address: Po Box 1704 Telephone Number: 505-423-3643
City: Santa Cruz State: New Mexico Zip: 87567
Percentage Allocation: 50% (If no percentage is indicated the proceeds will be split evenly among those beneficiaries named.)

Name: Jason Dowdy Social Security Number: 649-01-8605
Relationship: son Date of Birth 03/23/1994
Beneficiary Address: Po Box 1704 Telephone Number: 505-930-0839
City: Santa Cruz State: New Mexico Zip: 87567
Percentage Allocation: 50% (If no percentage is indicated the proceeds will be split evenly among those beneficiaries named.)

Name: _____ Social Security Number: _____
Relationship: _____ Date of Birth _____
Beneficiary Address: _____ Telephone Number: _____
City: _____ State: _____ Zip: _____
Percentage Allocation: _____ (If no percentage is indicated the proceeds will be split evenly among those beneficiaries named.)

Section IV(a): Member Signature

I hereby declare that all of the information provided is true and complete to the best of my knowledge.

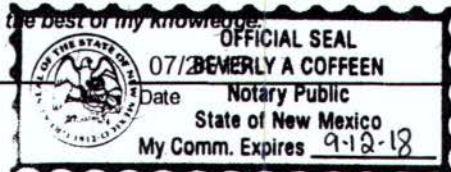
[Signature]
Member Signature (Please sign in the presence of a notary.)

Notary Public

State of New Mexico, County of: Rio Arriba

Subscribed and sworn to before me by Lisa Cantrell on the day 24 of July, 20 15.

Beverly A. Coffeen
Notary Public



Section V(a): Spousal Consent (spouse must complete even if spouse is beneficiary)

I hereby certify that I am the spouse of the above named Member, and that I have read the Designation of Beneficiary form as completed and signed by my spouse and I hereby freely consent to the beneficiary designation made herein. I understand beneficiary payment, if any, will be made to such beneficiary or beneficiaries named on this form.

Spouse Signature (Please sign in the presence of a notary.) _____ Date _____

Notary Public

State of New Mexico, County of: _____

Subscribed and sworn to before me by _____ on the day _____ of _____, 20 _____.

Notary Public

My Commission Expires _____

Employee Computer Use and Internet Access Release Form

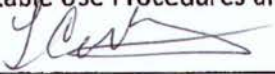
As a condition to use of the School District's computer system, including access to and use of the Internet, I understand and agree to the following:

1. To abide by the School Board's Policy on Acceptable Use and its Computer and Internet Code of Conduct.
2. That School District administrators have the right to review any materials created or stored in any files I may create and to edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive, or otherwise objectionable and I hereby waive any right of privacy which I may otherwise have to such material.
3. That the Española Public School district will not be liable for any direct or indirect, incidental or consequential damage due to information gained and/or obtained via use of the School District's computer system including, without limitation, access to public networks.
4. That the Española Public School District does not warrant that the functions of the School District computer system or any of the networks accessible through the system will meet any specific requirements you may have, or that the School District computer system will be error-free or uninterrupted.
5. That the Española Public School District shall not be liable for any direct or indirect, incidental, or consequential damages (including lost data or information) sustained or incurred in connection with the use, operation, or inability to use the School District computer system.
6. That the use of the School District computer system, including use to access public computer networks, is a privilege which may be revoked by School District administrators at any time for violation of the district's Acceptable Use Procedures and Code of Conduct. School District administrators will be the sole arbiter(s) of what constitutes a violation of the policy or Code of Conduct.
7. In consideration for the privilege of using the School District computer system and in consideration for having access to the public networks, I hereby release Espanola Public School District, the School Board, its members, administrators and employees, including its computer operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use, the School District computer system.

Printed Name of Employee/User: Lisa Cantrell

School/Work Site: CFVMS

I hereby certify that I will abide by the conditions set forth in this document, the School District's Acceptable Use Procedures and Computer and Internet Code of Conduct.



Signature of Employee/User

7/24/2015

Date

A copy of this signed form shall be maintained in the employee's personnel file.

Human Resources Office
Website: www.k12espanola.org
714 Calle Don Diego
Española, New Mexico 87532
Phone 505-753-2254
Fax 505-753-4699

★ **Española** ★
PUBLIC SCHOOL DISTRICT #55



Staff

Esther Romero, HR Manager
Crystal Lea Garcia, HR Officer
Kina Quintana, HR Coordinator

Acknowledgement of Receipt

I have reviewed and received a copy of the Espanola Public Schools Employee Orientation Handbook and have been advised that I may retrieve a copy of the CBA on the EPS website:

Lisa Cantrell

Print Name



Sign Name

07/24/15

Date

Human Resources OfficeWebsite: www.k12espanola.org

714 Calle Don Diego

Española, New Mexico 87532

Phone 505-753-2254

Fax 505-753-4699

★ **Española** ★

PUBLIC SCHOOL DISTRICT #55



Reaching for Excellence

Staff

Esther Romero, HR Manager

Crystal Lea Garcia, HR Officer

Beverly Coffeen, HR Specialist

Sick Leave Bank Enrollment/Waiver Form

I Lisa Cantrell, wish to enroll in the Espanola Public School's Sick Leave Bank. I have received the Sick Leave Bank Policy and understand its contents. I agree to voluntarily donate one (1) sick day to the Sick Leave Bank upon enrollment. I agree to follow procedures should I request to borrow from the Sick Leave Bank. I understand that should I apply for Sick Leave Bank days and I am denied, this decision will not be subject to the Grievance Process.

Signature

07/24/15

Date

(Any employee wishing to join the Sick Leave Bank will need to fill out a new form once original days have been used.)

School Site: CFVMS **Hire Date:** 08/07/15

I _____, do not want to participate in the Espanola Public School's Sick Leave Bank. I understand the purpose of the Sick Leave Bank.

Signature

Date

Check Program Assignment:☐ Title I ☐ Transportation ☒ Special Education☐ Food Services ☐ Regular Education

Employees hired after deadline must submit within 15 working days from date of hire.

Espanola Public Schools

Insurance Acknowledgement Form

I Lisa Cantrell, acknowledge receipt of notification that the enrollment period for insurance coverage is 31 days from my hire date of 08/07/2015; And that I must contact the Insurance Coordinator in the Benefits Office, at 367-3314, no later than 09/07/2015.

Decline Medical Insurance and will provide proof of private/other Medical Coverage within 30 days



Signature of Employee

07/24/15
Date

For Office Use Only:

Base Salary _____

Actual Salary _____

FTE _____

of days worked _____

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074		
		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015		
1	Your first name and middle initial Lisa M.	Last name Cantrell	2	Your social security number 585-39-8968		
Home address (number and street or rural route) Po Box 1704			3	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code Santa Cruz, NM 87567			4	If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			5	1	
6	Additional amount, if any, you want withheld from each paycheck			6	\$	
7	I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here			7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.						
Employee's signature (This form is not valid unless you sign it.) ►					Date ► 07/24/15	
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9	Office code (optional)	10	Employer identification number (EIN)


ESPANOLA PUBLIC SCHOOLS
NON CERTIFIED CONTRACT
School Year 2015 - 2016

AUTHORITY: This contract is issued pursuant to Sections 22-5-14 and 22-2-1, New Mexico Statutes Annotated, and applicable regulations of the New Mexico Public Education Department.

The Superintendent of the Espanola Public Schools, Espanola, New Mexico, herein called "Superintendent,"
and **Cantrell, Lisa M.**, herein "Employee," agree:


1. The Superintendent employs the Employee as Educ Assist Sp. Ed. for the current school year beginning 8/7/2015 and ending 5/27/2016, as specified by the School District's current school calendar, subject to adjustment for required makeup days.
2. The Employee shall present himself or herself for duty at such times and places as designated by the Superintendent or his/her authorized representative or designee.
3. In accordance with the School District's approved salary schedule for the current school year the Employee's salary is **\$14,428.00** per year, for **0** years of service, less required or authorized deductions. All the foregoing factors are subject to verification and, in the event of any error or incorrect computation, appropriate adjustment of this contract, and of any amounts already paid, will be made after consultation with the Employee.
- The contract salary for the current school year is based upon **185** working days, subject to the approved budget. For each day's absence from duty not included in sick leave or otherwise compensated for, deductions shall be made in accordance with the rules and regulation of the School District. The Superintendent maintains the right to assign the employee, pursuant to House Bill 212.
4. This contract and the parties hereto are, and shall continue to be subject to applicable laws of the State of New Mexico and to the rules and regulations of the Public Education Department, as they may exist.
5. This contract may be canceled by the Superintendent for cause not personal to the Employee when a reduction in personnel is required as a result of decreased enrollment, or a decrease or revision of educational programs, or insufficient legislative appropriation, or authorization being made by the state or federal government for the performance of this contract, in accordance with New Mexico law and any applicable rules and regulations of the Public Education Department and of the School District.
6. Employee agrees that in the event of Employee's resignation, Employee shall provide the Superintendent with at least two (2) weeks written notice of Employee's intent to resign, and in the event that Employee fails to give such notice, the Superintendent shall be entitled, in his or her discretion to file a written complaint to the Public Education Department requesting the suspension or revocation of Employee's license.
7. The Employee shall furnish the Superintendent the following: (a) proper license from the New Mexico Public Education Department for the position Employee will hold hereunder; (b) education record and training; (c) suitable evidence of date of birth; (d) such health certificates as may be required by law; and (e) any other documents as may be required by law or by the policies of the School District. Failure to furnish any of the foregoing items may result in cancellation of this contract in accordance with New Mexico law and any applicable rules and regulations of the Public Education Department or the School District.
8. The employee agrees to follow all school board policies and to the fulfillment of the duties contained in the job description as well as any additional duties which may be assigned from time to time, inclusive of improvement of the state accountability system rating and compliance with required training as part of the employees employment with the Espanola Public School District.
9. Employee agrees that fulfillment of all duties and conditions contained herein, whether done during the regular work day or outside the regular work day are and parcel of work, which is agreed upon. No additional compensation from Espanola Public Schools is required for the fulfillment of these duties. The Espanola Public School District will only address additional compensation, where required to do so as a matter of law pursuant to the Public Education Department regulation or directive.

Espanola Public School District



Superintendent
7/24/2015

Date



Employee
8-7-2015

Date

ESPANOLA PUBLIC SCHOOLS
Human Resource Department
START ORDER FORM

BASIC INFORMATION:

Name of Employee Cantrell, Lisa M.

Work Location CFVMS

Address: P.O. Box 1704

Santa Cruz NM 87567

505-692-5484

Position Educ Assist Sp. Ed.

Date of Birth 2/4/1973

PAYROLL INFORMATION:

Replaced: substitute

Start Dat 8/7/2015

End Date 5/27/2016

Schedule on/off Educational Assistant

Contract Day 184

Years of Experience 0

Hours/Schedule _____

Type of Staff Classified

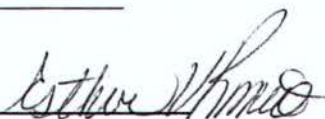
Base Salary	# actual dys wrkd	Daily Amount	FTE	Actual Salar
\$14,350.00	185	\$77.99	1	\$14,428.00
		Additional Pay:		
1 Total Salary				\$14,428.00

SIGNATURES:

Beverly Coffeen

HR Date Entered in PAWS _____

Esther V. Romero



Human Resource Director 7/24/2015

Account # 1100010001712

Director of Finance

Date